

HEALTH AND REHABILITATION SERVICES ADMINISTRATION FAST FACTS:

The Health and Rehabilitation Services Administration forecasts consist of a number of medical programs offered by the state. The largest number of people participate in two federally matched programs run through Medicaid: Categorically Needy and Medically Needy.

- The **Categorically Needy** (CN) programs cover individuals who meet categorical standards based on income, resources, and need. These programs include TANF-related Family Medical, pregnant women, aged, blind, and persons with disabilities, and children under 200 percent of the federal poverty level. The people in these programs receive the full-scope of Medicaid funded services and also often receive cash assistance through another public assistance program such as TANF or SSI.
- The **Medically Needy** (MN) programs cover aged, blind, and persons with disabilities whose income and resources are too high for them to qualify for CN medical coverage. They must “spend down” their income and resources on approved medical expenses until they reach the medically needy income standard.
- The CFC also forecasts some caseloads that are funded entirely by the state such as General Assistance – Unemployable (GA-U), the Alcohol and Drug Addiction Treatment Support Act (ADATSA), and the federally funded Refugee program.
- SCHIP is a federal/state program that covers children under age 19 in families whose income is too high for Medicaid, but below 250% of the FPL. The forecast of SCHIP is done by the CFC as an unofficial forecast.

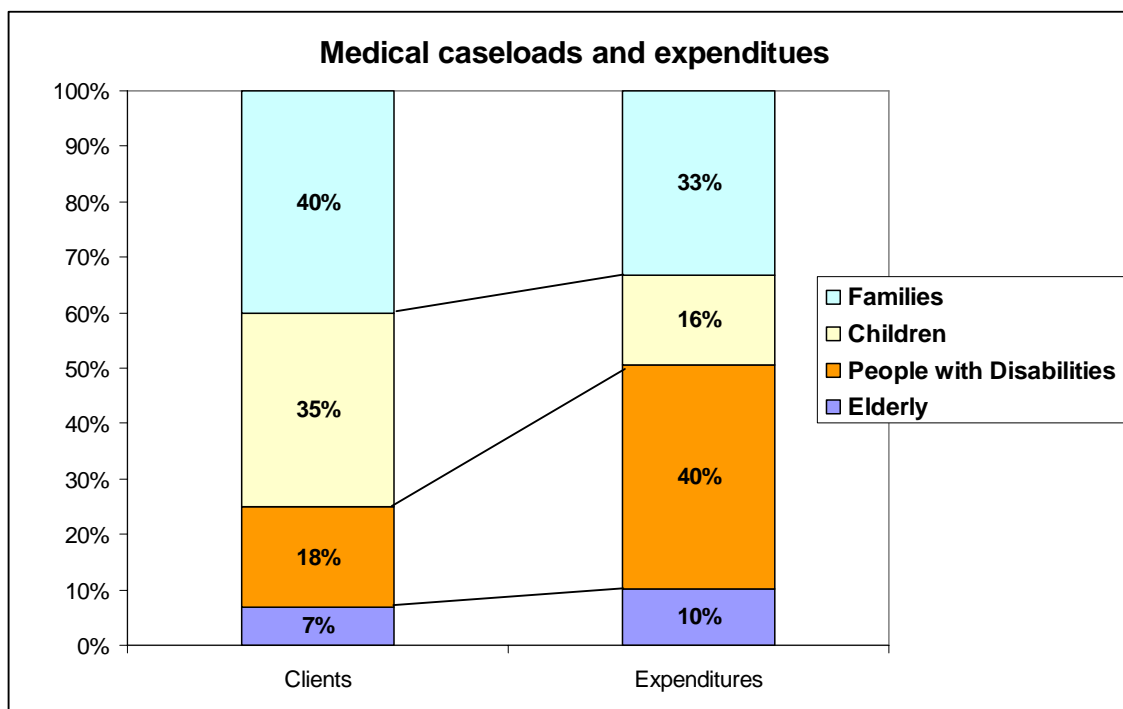
Fiscal year 2005

CN programs	811,462	eligibles
MN programs	17,839	eligibles
GA-U and ADATSA	14,080	eligibles
Refugee	685	eligibles
SCHIP	13,332	eligibles

There are two methods used to deliver medical services to Medical Assistance clients:

- Fee-for-Service (44 percent of clients FY2005) where the state acts as insurer and pays the medical providers for services they provide to clients.

- Managed Care (56 percent of clients FY2005) where the state pays another organization a monthly premium and then that organization pays medical providers for services they provide to clients.



Source: Research and Data Analysis Client Services FY2003.

Although most of the caseload is made up of children and families (three quarters of the medical assistance caseload) they spend a disproportionately small portion of state medical expenditures. The elderly and people with disabilities tend to have greater health care needs and, on average, state spending per person is higher in these programs.

	Caseload Growth by Fiscal Year		
	2003-2005	2005-2007	2007-2009
Children	12.4%	14.0%	4.2%
Families	6.0%	-3.7%	2.4%
Elderly	7.0%	11.1%	7.3%
People with Disabilities	10.0%	3.6%	5.0%
ADATSA & Refugee	15.2%	16.8%	14.4%

Caseload growth is influenced by many factors including underlying population growth, the state of the economy, changes in other programs, changes in legislation, promotion campaigns, and immigration.